

We Have Some Answers!

Participation	<ul style="list-style-type: none">• 2020 application cycle is deferred by 1 year• BASIC track ACOs can defer transition to increased risk level for 1 year
Financial Methodology	<ul style="list-style-type: none">• All part A and B spending related to COVID-19 is removed from performance year expenditures and benchmark calculation
Quality	<ul style="list-style-type: none">• ACOs can either report quality requirements or be assigned a mean quality score
Shared Loss Calculation	<ul style="list-style-type: none">• Losses will be prorated depending on duration of PHE (currently Jan-Oct)• Applies to all ACOs
Beneficiary Assignment	<ul style="list-style-type: none">• Due to enhanced and expanded use of telehealth services, CMS will use telehealth services in the beneficiary assignment model

What Does This Mean for CDI?

Stay Up To Date

- Guidance related to COVID-19 is evolving; base decisions on facts
- Ensure key stakeholders are accurately and timely informed of changes that impact ACO related methodologies

Stay Focused

- Don't interpret any changes/delays as a "free pass"
- The environment may change but CDI core value should not: Documentation integrity

Be Proactive

- Collaborate with providers and other key stakeholders on the priority of getting patients in for visits (specially those with underlying conditions)
- Ensure CDI processes are well integrated into evolving environment/processes; Ensure telehealth documentation/coding is accurate and compliant
- Use any pre-rebound time to optimize strategies for successes

Be Flexible

- There are still unknowns and many prediction models related to this "new normal"
- Be flexible when collaborating with providers on CDI processes that best serve all (including the patient)



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